

FOR PAPER FILING ONLY

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full GIBBS 4 KIDS COMMITTEE									
To Whom Paid EB CENTRAL						M	D	Y	Amount
Address						0	4	24	17 37.92
City Columbus						Purpose EVENT			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid WIX.COM						M	D	Y	Amount
Address						0	5	09	17 12.95
City NEW YORK						Purpose WEBSITE			
State OH NY						Zip Code			
Check Number DEBIT									
To Whom Paid OHIO ETHICS COM						M	D	Y	Amount
Address						0	5	17	17 30.00
City Columbus						Purpose DUES			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid SMG GCCC PARKING						M	D	Y	Amount
Address						0	5	22	17 10.00
City Columbus						Purpose PARKING			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid SHERATON						M	D	Y	Amount
Address						0	6	02	17 10.00
City Columbus						Purpose PARKING			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid SMG GCCC PARKING						M	D	Y	Amount
Address						0	6	02	17 5.00
City Columbus						Purpose PARKING			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid SHERATON						M	D	Y	Amount
Address						0	6	05	17 33.35
City Columbus						Purpose MEALS			
State OH						Zip Code			
Check Number DEBIT									
To Whom Paid SHERATON						M	D	Y	Amount
Address						0	6	05	17 8.00
City Columbus						Purpose PARKING			
State OH						Zip Code			
Check Number DEBIT									

147.22

Page Total ~~\$0.00~~